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Paper No: 28

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U.S. PATENT AND TRADEMARK OFFICE
BOARD OF PATENT APPEALS
AND INTERFERENCES

Appeal No:

Appellant:

Application No:

Hearing Room:

Hearing Docket:

Hearing Date:

Hearing Time:

Location:

2004-1606

Glefer, Andreas

09/600,832

A

B

Wednesday, December 08, 2004

1:00 PM

MADISON BUILDING EAST WING

500 Quincy Street

Alexandria, Virginia 22313-1450

67526

#27
CAG
Cobley
12/5

McGlew & Tuttle, PC

1 Scarborough Station Plaza

Scarborough, NY 10510-0827

STATUTOR PERIOD

67526 Oral Hearing

EXPIRES

Dec. 8, 2004 ALN

NOTICE OF HEARING

CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47.

The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up.

The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED.

This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

Failure to file this form within this time period will be construed as a waiver of the request for oral hearing.

37 CFR § 1.136(a) does not apply.

By order of the Board of Patent Appeals and Interferences

DUE DATE: Dec 8, 2004

REVIEW DATE: _____

BPAI HEARINGS FAX No:

(703) 308-6199

USPTO Central Fax No.

(703) 872-9306

BPAI Mailing Address ENTERED BY: ALN

BOARD OF PATENT APPEALS AND INTERFERENCES

UNITED PATENT AND TRADEMARK OFFICE

P.O. BOX 1450

ALEXANDRIA, VIRGINIA 22313-1450

Clerk of the Board (703) 308-9797

In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE:

☒ HEARING ATTENDANCE CONFIRMED☐ HEARING ATTENDANCE WAIVED

Signature of Attorney/Agent/Appellant

Date

Registration No.

Names of other visitors expected to accompany counsel: